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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/920,325
	Filing Date	August 2, 2001
	First Named Inventor	Robert M. Scarborough
	Art Unit	1624
	Examiner Name	Bruck Kifle
Total Number of Pages in This Submission	Attorney Docket Number	021390-002040US

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MAY 15 2003  
TECH CENTER 1600/2900

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Return Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP William B. Kezer Reg. No. 37,369
Signature	
Date	05/09/03

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Jennifer K. Hardin		
Signature		Date	05/09/03

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 130

Complete if Known

Application Number 09/920,325  
Filing Date August 2, 2001  
First Named Inventor Robert M. Scarborough  
Examiner Name Bruck Kifle  
Art Unit 1624  
Attorney Docket No. 021390-002040US

TECH CENTER 1500/2900  
MAY 13 2003

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## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ MoneyOrder ☐ Other ☐ None

☒ Deposit Account:

Deposit  
Account  
Number

20-1430

Deposit  
Account  
Name

Townsend and Townsend and Crew LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments  
☒ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1001	750	2001	375	Utility filing fee
1002	330	2002	165	Design filing fee
1003	520	2003	260	Plant filing fee
1004	750	2004	375	Reissue filing fee
1005	160	2005	80	Provisional filing fee

Fee Paid

SUBTOTAL (1)

(\$ )

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fees from below	Fee Paid
Independent Claims	** =	X	
Multiple Dependent	X		

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ )

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Fee Code	Small Fee Code	Large Fee (\$)	Small Fee (\$)	Fee Description
1051	2051	130	65	Surcharge - late filing fee or oath
1052	2052	50	25	Surcharge - late provisional filing fee or cover sheet
1053	2053	130	130	Non-English specification
1812	2520	2,520	2,520	For filing a request for reexamination
1804	920*	920*	920*	Requesting publication of SIR prior to Examiner action
1805	1,840*	1,840*	1,840*	Requesting publication of SIR after Examiner action
1251	2251	110	55	Extension for reply within first month
1252	2252	410	205	Extension for reply within second month
1253	2253	930	465	Extension for reply within third month
1254	2254	1,450	725	Extension for reply within fourth month
1255	2255	1,970	985	Extension for reply within fifth month
1401	2401	320	160	Notice of Appeal
1402	2402	320	160	Filing a brief in support of an appeal
1403	2403	280	140	Request for oral hearing
1451	2451	1,510	1,510	Petition to institute a public use proceeding
1452	2452	110	55	Petition to revive - unavoidable
1453	2453	1,300	650	Petition to revive - unintentional
1501	2501	1,300	650	Utility issue fee (or reissue)
1502	2502	470	235	Design issue fee
1503	2503	630	315	Plant issue fee
1460	2460	130	130	Petitions to the Commissioner
1807	2807	50	50	Petitions related to provisional applications
1806	2806	180	180	Submission of Information Disclosure Stmt
8021	28021	40	40	Recording each patent assignment per property (times number of properties)
1809	2809	750	375	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	2810	750	375	For each additional invention to be examined (37 CFR § 1.129(b))
1801	2801	750	375	Request for Continued Examination (RCE)
1802	2802	900	900	Request for expedited examination of a design application

Other fee (specify)

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3)

(\$ )130

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	William B. Kezer	Registration No. (Attorney/Agent)	37,369	Telephone	925-472-5000
Signature				Date	05/09/03

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